

FILED FEB 24 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4918**

BIRTH NO. **8642-55** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **526**

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>		
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>6-DAYS</b>	c. CITY OR TOWN <b>HICKMAN MILLS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>7070</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MENORAH HOSPITAL</b>			STREET ADDRESS (If rural, give location) <b>7800 EAST 108<sup>TH</sup> TERRACE</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b> b. (Middle) <b>RITA</b> c. (Last) <b>LEVEROOS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>FEBRUARY 3, 1955</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>JAN 28 - 1955</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <b>6</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INFANT</b>		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and State or Foreign Country) <b>KANSAS CITY MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>BERTRAM LEVEROOS</b>		13b. MOTHER'S MAIDEN NAME <b>RITA CARDINAL</b>		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>BEATRAM LEVEROOS 7800 E. 108<sup>TH</sup> TERRACE HICKMAN MILLS MO.</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>PREMATURITY</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)				<b>775</b>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>HEMORRHAGIC DISEASE OF NEWBORN</b>				<b>2 days</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Kansas City Jackson Missouri</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Jan 28, 1955</b> , to <b>Feb 3, 1955</b> , that I last saw the deceased alive on <b>Feb 3, 1955</b> , and that death occurred at <b>11:45 P.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>B. W. Latham</b> (Degree or title) <b>B. W. Latham M.D.</b>			23b. ADDRESS <b>231 W 47<sup>ST</sup> Kansas City, Mo</b>		23c. DATE SIGNED <b>2-4-1955</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>FEB. 4, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY -----		24d. LOCATION (City, town, or county) (State) <b>NEOSHO MISSOURI</b>
DATE REC'D BY LOCAL REG. <b>2-5-55</b>		REGISTRAR'S SIGNATURE <b>Neva Mitchell</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>W. H. Newcomer 1331 BRUSH CR. KANSAS CITY MO.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Chester K Brown*

Licensed Embalmer No. *495*

P. O. Address *1004*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.